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FACSIMILE SUBMISSION UNDER 37 CFR 1.8

TO:	FROM:
Mail Stop Amendments	Jason D. Kelly
COMPANY:	DATE:
U.S. Patent & Trademark Office	MARCH 30, 2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	1023-227US01
RE:	APPLICATION SERIAL NUMBER:
Supplemental Information Disclosure Statement	10/696,725

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard B. North; Confirmation No. 6322
Jeffrey M. Sieracki
Serial No.: 10/696,725
Filed: October 29, 2003 Customer No.: 28863
Examiner: Unknown
Group Art Unit: 3762
Docket No.: 1023-227US01
Title: FAILSAFE PROGRAMMING OF IMPLANTABLE MEDICAL DEVICES

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CERTIFICATE UNDER 37 CFR 1.8 I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office on March 30, 2006.

By: Shirley A. Betlach

Name: Shirley A. Betlach

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendments
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Applicant submits the references listed on the attached form PTO-1449. This statement is being filed, to the best of Applicant's knowledge, before the receipt of a first Office Action on the merits.

Copies of the U.S. patents are not enclosed as this requirement has been waived by the U.S. Patent Office.

Respectfully submitted,

Date: 3/30/06

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Date Mailed: March 30, 2006

Page 1 of 1

Form 1449*		Docket Number: 1023-227US01		Application Number: 10/696,725	
INFORMATION DISCLOSURE STATEMENT IN AN APPLICATION (Use several sheets if necessary)		Applicant: Richard B. North; Jeffrey M. Sieracki			
		Filing Date: October 29, 2003		Group Art Unit: 3762	
		Examiner Name: Unknown			
U.S. PATENT DOCUMENTS					
Examiner Initial	Document Number	Issue/Document Publication Date	Name		Filing Date If Appropriate
	6,609,032 B1	08/19/2003	Woods et al.		
	6,659,968 B1	12/09/2003	McClure		
FOREIGN PATENT DOCUMENTS					
Examiner Initial	Document Number	Publication Date	Country	Translation	
				Yes	No
OTHER DOCUMENTS (Including Authors, Title of Item, Page(s), Vol/Issue No., Publisher, Place of Publication)					
EXAMINER			Date Considered		
<small>*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.</small>					

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Based on Form PTO-FR-A820
(Also form PTO-1449)

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